WAYNE STATE UNIVERSITY

# Office of the Registrar Petition for Transfer of Graduate Credit

Save form as a PDF and email to recordsmaintenance@wayne.edu

NAME: _____ BANNER/ACCESS ID: _____

TRANSFER CREDIT EARNED AT: _____

(COLLEGE OR UNIVERSITY)

_____ _____

(CITY AND STATE) (DATES OF ATTENDANCE)

| COURSE NO. & TITLE | LETTER GRADE | WSU EQUIVALENT | SEMESTER HRS. |
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| | | **TOTAL** | 0 |

APPROVED BY:

_____

NAME and Access ID DATE

- If no direct equivalent is granted, indicate subject and level elective credit (i.e. 5000 level elective credit is 5XXX
- Include a letter grade and/or credit conversion memo if necessary
- Please fill the **COURSE NO. & TITLE** field exactly as it appears on the transcript
- Use a separate form for each school